



Healthy Families Program EOC and Plan Coverage Review Process



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Topics:

- Plan Coverage Area Workbook
- Plan Ad
- Frequently Asked Questions (FAQ) Chart
- Language Grid
- EOC Language Changes For 2009/10
- MRMIB's EOC Review

Plan Coverage Area Workbook

- Excel file containing the following worksheets
 - Instructions
 - Geographic Service Areas
 - Current Coverage Areas
 - Deleted Coverage Areas
 - New Coverage Areas
 - Proposed Coverage Areas



Plan Ad

- Your plan ad is emailed in Microsoft Word format.
- Use Track Changes to indicate your edits.
- FACT CHECK – ensure that what your ad says is reflected in your EOC.
- High resolution logo preferred for better print quality.
- Used in OE packets and handbooks.

Frequently Asked Questions (FAQ) Chart

- Excel file – 1st of 2 worksheets
- Select answers from drop-down menu
- Double check your answers
- Used in OE packets and handbooks

	A	B	C
7	OB/GYN		
8	Internal Medicine		
9	Are members required to get a referral from a PCP before going to a specialist?	<div>Yes No</div>	

Language Grid

- Excel file – 2nd of 2 worksheets
- Edit answers using Track Changes
- If no changes, then leave as is
- Used in OE packets and handbooks

fx					
A	B	C	D	E	F
an me	Evidence of Coverage Booklet	Member Handbook and Welcome	Newsletters	Medical Care Reminders	
peda ce for alth	Spanish, Chinese	Spanish, Chinese, Vietnamese	Spanish, Chinese, Vietnamese	Spanish, Chinese, Vietnamese	
				Includes: Initial Health Cards and	
FAQs	Language Grid				

HFP EOC Language Changes

- Balanced Billing

- Senate Bill 697, Chapter 606, Statutes 2008

- ***Member Liabilities***

Generally, the only amount a member pays for covered services is the required copayment. However, you may be financially responsible for specialty services you receive without obtaining a referral or authorization. You may also be responsible for services you receive that are not covered services; non-emergency services received in the emergency room; non-emergency or non-urgent services received outside of Insert Plan Name's service area without prior authorization; and, unless authorized, services received that are greater than the limits specified in this Evidence of Coverage booklet.

The Insert Plan Name is responsible to pay for coverage of emergency services. You are not responsible to pay the provider for any sums owed by the health plan.

If Insert Plan Name does not pay a non-participating provider for covered services, you may be liable to the non-participating provider for the cost of the services. But, you may request reimbursement from the Insert Plan Name for your payment to the non-participating provider for sums owed by the Insert Plan Name for these covered services.

You may also be liable for payment of non-covered services, whether received from a participating or non-participating provider.

HFP EOC Language Changes

- HIV Testing-AB 1894, Chapter 631, Statutes 2008
 - This bill requires every health plan and health insurance contract issued on or after January 1, 2009, that covers hospital, medical or surgical expenses, to provide coverage for human immunodeficiency virus (HIV) testing, regardless whether the testing is related to a primary diagnosis.

HFP EOC Language Changes

- Mental Health Language
 - Language to clarify mental health benefits.

HFP EOC Language Changes

- **Coordination of Dental Benefits-AB 895, Chapter 164, Statutes of 2007**

- When a primary dental benefit plan is coordinating its benefits with one or more secondary dental benefits plans, it shall pay the maximum amount required by its contract with the enrollee or subscriber.

A health care service plan covering dental services or a specialized health care service plan contract covering dental services, when acting as a secondary dental benefit plan, shall pay the lesser of either the amount that it would have paid in the absence of any other dental benefit coverage, or the enrollee's total out-of-pocket cost payable under the primary dental benefit plan for benefits covered under the secondary plan.

HFP EOC Language Changes

- Dental Cap

- Annual benefit maximum of \$1,500 per subscriber child.

MRMIB's EOC Review Process

- Benefits and Quality Monitoring Division performs the EOC reviews.
- Team of analysts - each assigned to multiple plans.
- Communicate with DMHC as necessary.
- Jamie Yang and Dianne Ehrke are lead analysts for MRMIB EOC review team.

MRMIB's EOC Review

- EOC content must be compliant with:
 - ❑ HFP Regulations
 - ❑ HFP Model Contract
 - ❑ Knox-Keene Act of 1975
 - ❑ Title 28 DMHC Regulations
- The following must be consistent with EOC:
 - ❑ Plan Ad
 - ❑ Language Grid
 - ❑ FAQ Chart
 - ❑ Plan Coverage Areas (ZIP codes)

MRMIB's EOC Review

- When submitting your EOC for review:
 - ❑ Submit **only** the pages with changes, **not** your entire EOC/COI.
 - ❑ Include the entire page that will be changed so we can review the change in context.
 - ❑ Use *strikethrough* for text you are deleting and underline text you are adding.

Continued...



MRMIB's EOC Review

- When submitting your EOC for review:
 - ❑ Additionally, provide a separate document summarizing the changes your plan is proposing, including the page number and an explanation for each change.
 - ❑ Refer to Enclosure 2 of the 2009-10 Model Contract Amendment for full instructions.
 - ❑ Plans encouraged to follow model EOC – available upon request.

Due Dates

- Email documents by **December 8, 2008** to:
HFPContract09@mrmib.ca.gov
- Mail one hardcopy by **December 12, 2008** to:

Janette Lopez, Chief Deputy Director
Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814



Thank You!!!



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Questions?

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